



Civil Action No. 4:25-cv-00044-AMA-PK

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* U.S. Department of the Interior  
was received by me on *(date)* Apr. 18, 2025 .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_ , who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other *(specify)*:

Per Fed. R. Civ. P. 4(1), on Apr. 18, 2025, I served a true and correct copy of the Summons and Complaint  
on Defendant, U.S. Department of the Interior, by U.S. Certified Mail, Return Receipt Requested.(See  
attached copy of Certified Mail Receipt and Return Receipt)

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: April 30, 2025

/s/ Isabella Eldridge

*Server's signature*

Isabella Eldridge, Attorney

*Printed name and title*

800 W. Main Street, Suite 1640, Boise ID, 83702


*Server's address*

Additional information regarding attempted service, etc:

Print

Save As...

Reset

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">U.S. Attorney's office 111 South Main street Suite 1800 Salt Lake City, UT 84111-2176</p>	<p>A. Signature <b>X</b> <i>Chloe Samson</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <i>Chloe Samson</i></p> <p>C. Date of Delivery <i>4-21-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 9294 4295 7144 35	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input checked="" type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)             </div> <div style="width: 35%;"> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery             </div> </div>
<div style="display: flex; justify-content: space-between;"> <span>9589 0710 5270 2285 1713 97</span> <span>PS Form 3811, July 2020 PSN 7530-02-000-9053</span> <span>Domestic Return Receipt</span> </div>	

9589 0710 5270 2285 1713 97


## U.S. Postal Service™

# CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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Salt Lake City, UT 84111

Certified Mail Fee	\$4.85	
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$10.00	
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$10.10	
<b>Total Postage and Fees</b>	<b>\$19.05</b>	

Sent To: *U.S. Attorney's office*

Street and Apt. No., or PO Box No.: *111 South Main Street, Suite 1800*

City, State, ZIP+4®: *Salt Lake City, UT 84111-2176*

PS Form 3800, January 2023 PSN 7530-02-000-9047
See Reverse for Instructions